

## 2016 CAMPER REGISTRATION INFORMATION

### CAMPER INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

GRADE (ENTERING): \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SHIRT SIZE: YS YM YL AS AM AL XL

### WEEKS TO ATTEND:

\_\_\_\_\_ May 23-27

\_\_\_\_\_ July 5-July 8

\_\_\_\_\_ May 31-June 3

\_\_\_\_\_ July 11-15

\_\_\_\_\_ June 6-10

\_\_\_\_\_ July 18-22

\_\_\_\_\_ June 13-17

\_\_\_\_\_ July 25-29

\_\_\_\_\_ June 20-24

\_\_\_\_\_ August 1-5

\_\_\_\_\_ June 27-July 1

\_\_\_\_\_ August 8-12

\*NOTE WE WILL BE CLOSED MAY 30 AND JULY 4

### PARENT/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

### DROP FORM OFF DIRECTLY:

MCALLISTER RECREATION CENTER  
2351 NORTH 20TH STREET  
LAFAYETTE, IN 47904  
(765) 807-1360

### MAIL REGISTRATION FORM:

ATTN: MCALLISTER RECREATION CENTER  
PARKS ADMINISTRATIVE OFFICE  
1915 SCOTT STREET  
LAFAYETTE, IN 47904

## 2016 McAllister Camper Information

Camper's Name \_\_\_\_\_

How would you describe your child's personality (outgoing, shy, laid back, etc.)? \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies or medical conditions of which the staff should be aware?

\_\_\_\_\_

\_\_\_\_\_

Does your child have a specific food allergy or dietary restriction? \_\_\_\_\_

\_\_\_\_\_

Please rate your child's swimming ability (circle one)      Good      Fair      Poor

Will your child require a life jacket?      Yes      No

Is there any reason why your child will not be able to participate in all activities associated with the McAllister Summer Camp? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any requests you have from the McAllister staff regarding your child?

\_\_\_\_\_

\_\_\_\_\_

Please list any additional information of which the McAllister staff needs to be aware:

\_\_\_\_\_

\_\_\_\_\_

On occasion, staff may take photos of participants in our programs, classes, and events. Please be aware that these photos are for Parks and Recreation Department use only and may be used in future catalogs, brochures, pamphlets, or flyers without identifying individual names.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## 2016 McAllister Emergency Medical Release

**Camper's Name** \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of a medical emergency, I understand that every reasonable attempt will be made to contact parents/guardians or emergency contacts as listed on the registration form. However, in the event that these individuals cannot be reached, I give permission for the McAllister staff to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgement applies to the 2015 McAllister Recreation Center Summer Camp program.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

### ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY:

I acknowledge that there are risks inherent in any children's program, including but not limited to injury or death arising from: participation in sports and recreational activities, child's failure to follow instructions of counselors, communicable illness, and independent acts of third parties not under the control of McAllister staff. In consideration of allowing my child (the "Camper" whose name is listed above) to participate in the McAllister camp programs, I, for myself and my child, heirs, representatives and assigns, hereby release, discharge and hold harmless the Lafayette City Department of Parks and Recreation, its Board, officers, agents, employees, and representatives, and any person acting on their behalf, from any and all responsibility or liability for injury or damage resulting from or arising out of participation by my child in any McAllister summer camp program activity or use of equipment or facilities in connection with such activity. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health each day of camp.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



## 2016 Summer Camp Release Form

### FIELD TRIP PERMISSION

I hereby give permission for \_\_\_\_\_ to attend all field trips and participate in all activities associated with the 2016 McAllister Summer Camp.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### MEDICATION RELEASE

I \_\_\_\_\_ (parent/guardian) give permission for the McAllister staff to administer medication to \_\_\_\_\_ (child). I understand that all medications must be in the original prescription bottle with the name of the medication, child's name, doctor's name, appropriate dosage information, and the times the medication is to be administered. All medication changes must be presented to staff in a new prescription bottle with the appropriate changes stated on the bottle.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### SUNSCREEN AUTHORIZATION

Proper sunscreen application is very important to the McAllister staff. Our counselors will carry sunscreen on a regular basis; however we still encourage parents to send sunscreen with their children on a daily basis. The following authorization allows the McAllister staff to apply sunscreen as needed to your child in the event that they either forget theirs, or we deem it necessary that a new layer needs to be applied. Please talk to your child about the importance of sunscreen application as well as proper application techniques. It is of great benefit to the staff if children come in with an understanding of the importance of sunscreen.

I hereby authorize the McAllister staff permission to apply sunscreen as needed to

\_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



Child's Name: \_\_\_\_\_

### PICK UP AUTHORIZATION

Do both parents have permission to pick up the child?

YES

NO

If NO, please specify: \_\_\_\_\_

Please list the names of anyone else authorized to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two individuals who may be contacted in case of an emergency in the event the parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_





## 2016 McAllister Summer Camp Payment Policies and Procedures

Camp payments are to be paid in full on Monday each week. Any alternative arrangements must be made in writing with the McAllister manager. As has been in the past, if you choose to pay on Friday, you will need to pay on the Friday prior to the following week. This means that we will no longer allow parents to wait until Friday to pay for the previous week. Also, accounts will no longer be permitted to carry a balance. Parents will be allowed to pay ahead, but we can no longer allow parents to put off payments from previous weeks.

Acceptable forms of payment are cash, check, and debit or credit card (Visa, MasterCard, American Express, or Discover). If you choose to pay by check, please be aware that if a check is returned due to insufficient funds, checks will no longer be an accepted form of payment on your account. In addition to no longer being able to pay by check, the amount of the original check plus a \$25 returned check must be paid in cash at the McAllister office within seven days.

The following dates are when camp payments will be due this summer:

May 23 <sup>rd</sup>	June 20 <sup>th</sup>	July 18 <sup>th</sup>
May 30 <sup>th</sup>	June 27 <sup>th</sup>	July 25 <sup>th</sup>
June 6 <sup>th</sup>	July 5 <sup>th</sup>	August 1 <sup>st</sup>
June 13 <sup>th</sup>	July 11 <sup>th</sup>	August 8 <sup>th</sup>

If you have any questions regarding camp payments, please contact the McAllister Center Manager at (765) 807-1360.

Please sign and date this form and return it to the McAllister office. Your signature verifies that you have read, understand, and agree to comply with the camp payment procedures and policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name